



**COMMISSION MEETING MINUTES**  
**Thursday, January 24, 2008**

**I. Call to Order**

Chair Gayle called the meeting to order and welcomed everyone.

**II. Roll Call**

Roll call was taken. Present were Commissioners Chesbro, Gayle, Gould, Greene, Hayashi, Kolender, Pating, Poaster, Poat, Prettyman, Trujillo, Vega.

There were 12 members present and a quorum was established.

**III. Minutes Approval**

**MOTION:** Chair Gayle asked for a motion to approve the November 2007 minutes. Motion carried unanimously with no abstentions.

Commissioner Vega asked for the removal of the Communication Daft Workplan discussion from the agenda.

**IV. Administration of Oath to new commissioners**

Steve Mayberg welcomed Commissioner Tom Greene and said he was given the Oath the day prior.

**V. Vote for the 2008-2009 Chair and Vice Chair**

Commissioner Poaster explained the procedure for the vote for Chair and Vice Chair saying that after nominations are received, there would be an opportunity for brief public comment.

**Chair Nomination and Vote**

Commissioner Poaster called for nominations from Commissioners for the position of Chairperson.

- Commissioner Chesbro nominated Commissioner Gayle.
- Commissioner Hayashi nominated Commissioner Poat.

Nominations closed for position of Chair and the meeting was opened up for public comment.

**Public Comment**

**Delphine Brody**, said on behalf of the California Network of Mental Health Clients, she is in support of Commissioner Gayle. She said Commissioner Gayle walks the walk and not just talks the talk.

**Sharon Kuen** , said she is in support of Commissioner Gayle.

**Laurel Mildred** with CNMHC said she is appreciative that the mental health community is practicing democracy and thanked the Commission. She said that consumer leadership is most important to her organization. Her organization is endorsing Commissioner Gayle.

**(unsure of first name) Williams**, thanked the Commission for their willingness to be part of an incredible transformation. She said as a community, they've come along way. The MHSA has brought in change. She said she is in support of Commissioner Gayle.

**Stephanie Welch**, on behalf of the County Mental Health Directors Association read a statement of the Act, section 5846c "the Commission shall ensure that the perspective and participation of members and others suffering from severe mental illness and their family members is a significant factor in all of its decisions and recommendations". She urged the Commission to think of that principle when they consider the nominees.

**Carmen Diaz** said that being a former Commission member, said she is in support of Commissioner Gayle.

**Kelvin Lee**, said there are 16 people on the Commission that are qualified to be Chair or Vice Chair and all have demonstrated leadership in each area. He suggested that as the Commission moves forward in making the decision they consider 1) who can best provide the leadership towards the promise and goals of the Act itself; 2) who can build consensus among the 16 to move towards those promises; 3) who can continually support transformation by transparency and open door and; 4) who can best be the spokesperson for the Commission and the face of proposition 63.

**Gwen Slatterly** said she endorsed Commissioner Gayle to move forward in transformation.

**Candidate Statements**

- Commissioner Gayle said that he does not think he should receive chairmanship just because he is a consumer, rather because he has demonstrated leadership ability. He explained that he is a consumer, he has some knowledge of the Act, he has some knowledge of leadership since he is a manager for the County and runs an office, and that he was formerly homeless. He believes his experiences would enhance the position as Chair. He said consumer leadership and family driven processes are what he believes in.
- Commissioner Poat said he feels he has a fair amount of experience reaching out into communities on a variety of different projects and trying to pull them in. He said he hears that Commissioners feel they do not have the information they need to make decisions and he hopes to accomplish that as Chair. He said he would like to rearrange the way the non-commissioners have a role in presenting their information. He said he would like to put aside divisions and any of those things that get in the way of a shared vision and make the Act accomplish all of things.

**Commissioner Discussion**

Commissioner Vega said that having this dialogue, bringing the right people together in partnership, government, client leadership, mental health leadership to make the Act live up to its promise shows that this Commission is truly at a remarkable moment. He stated that the Commission needs vision and skills. He said they need the right people to help them as a Commission to get things done. He said this is an opportunity to bring everything together under the right leadership and with the right vision to really show that transformation is happening in California, which will provide a model for the rest of the world. MHSA calls for in its language, client centered and family focused programming and for client centered leadership at all levels. He said that if they are doing their duty to the essence of the Act and serving its vision then the Commission should incorporate the experience of those who have suffered and are most intimately connected with the way mental health and mental illnesses affect people in their daily lives on an ongoing basis.

Commissioner Prettyman said the main reason for Proposition 63 was transformation and in order to change the system, one has to have life experience. She said that if one has not gone through it personally they can have empathy but they do not have the experience. She said she feels Commissioner Gayle has shown leadership and that he came in at a very difficult time with no staff. She said that she cannot think of anyone who is more adept than Commissioner Poat.

Commissioner Ridley-Thomas said that having seen a number of processes on hold he has come to appreciate the willingness of an individual whomever he or she may be to make an investment of their time, talents and skills in the process that brings forth a product. He said that the continuity is the work that Commissioner Gayle has been prepared to invest in talents, experiences count for something that is significant. He said he is in support of Commissioner Gayle because he believes he is a listener, a learner and these are the fundamental ingredients of being a good leader.

Commissioner Hayashi thanked both candidates. She said she is for the person who can build consensus and bring people together. She said that Darryl Steinberg, as author of this initiative, was able to accomplish that because he was successful at bringing people together. She said Commissioner Poat genuinely cares about the Commission and suggested that he wanted to take the OAC to the next level.

Commissioner Gould said that she hoped they would not see this decision as divisive. She said that being a parent who has a child with a severe mental illness one's life is truly transformed and there is a lot of suffering. She said she wants to move this to the next level and make sure services are provided. She said she will vote for the person who has the skill set that can take them to the next level.

Commissioner Greene said he believes the Commission is at a transformational moment. He said the staff is in place, there is a construct in apparatus which Commissioner Gayle has been largely responsible for. He said given that, and seizing the historic opportunity to put a consumer in the Chair makes compelling good sense to him. He continued saying that he is an enormous fan of Commissioner Poat and that his letter was thoughtful. He said at the end of the day the task is to transform the mental health system and he believes Commissioner Gayle would be the right means to do that.

Commissioner Pating thanked the candidates and expressed concern about the process. He requested that the Commission and the audience members support whoever is elected. He said he fully believes in the transformative principles and also believes in processes that are fair, open and transparent. He said that there have been many complaints that they are not speaking to vision or process. He said he is basing his vote on the fact that the Chair is ready to roll up his sleeves and get some work done and can stand for the vision and build an inclusive process in the subcommittees.

Commissioner Poaster said that this is a very difficult decision. He said he holds as his first priority the work of the Commission, and he said being a relatively new Commissioner and having observed the Commission for a couple years prior to being appointed Commissioner, that he thinks the Commission has done some really good things; however, the Commission in terms of how it operates, has a lot of other things that need to be done. He said sometimes they end up in a circular firing squad with regard to how they conduct business and that has to stop in order for them to move into the action phase of the Commission. He said he hopes that they come through this with unity.

Roll Call Vote:

Seven votes for Linford Gayle:

Wesley Chesbro

Linford Gayle

Tom Greene

Larry Poaster

Darlene Prettyman

Mark Ridley-Thomas

Eduardo Vega

Six votes for Andrew Poat

Beth Gould

Patrick Henning

William Kolender

David Pating

Andrew Poat

Larry Trujillo

One Abstention:

Mary Hayashi

**MOTION:** Commissioner Poaster moved, Commissioner Feldman seconded that the vote of Commissioner Gayle to be the chair and motion to be recorded as unanimous.

### **Vice Chair Nominations and Vote**

Commissioner Ridley-Thomas nominated Commissioner Hayashi to be the Vice Chair of the Commission.

Commissioner Vega nominated Commissioner Poaster for Vice Chair. He said Commissioner Poaster represented the best of what mental health leadership in California has achieved thus far.

He said under his leadership, Stanislaus County promoted and developed leading programs that incorporated client run services that set the model for changes throughout the mental health system across the country. He said Commissioner Poaster has been a champion of positive and progressive change for mental services throughout California and believes he has a great set of skills to bring OAC forward in partnership with the stakeholders.

Commissioner Poaster declined the nomination, thanked Commissioner Vega for the kind words but felt he has not been on the Commission long enough to accept the position of Vice Chair.

Chair Gayle nominated Commissioner Chesbro. He said Commissioner Chesbro has a good reputation in the State Senate and the government in Sacramento. He stated people hold Commissioner Chesbro in high regard and he valued his leadership.

Commissioner Poaster asked at the Chairs discretion to put in a nomination for Commissioner Poat as Vice Chair.

### **Public Comment**

There was no public comment.

### **Commissioner Discussion**

Commissioner Hayashi thanked Commissioner Ridley-Thomas for the nomination, but declined at this time.

Commissioner Chesbro said if Chair Gayle wished he would be happy to serve as Vice Chair.

Commissioner Poat congratulated Chair Gayle and said if his nomination were accepted he would accept.

Commissioner Pating said that the Commission has been struggling with different kinds of issues in terms of what is needed in the leadership. He suggested that whatever is done going forward, the Commission would need to make sure the structure was in place to have the right people working to help the OAC execute their decisions.

Commissioner Poaster said he believes that Chair Gayle and Commissioner Poat serving as Vice Chair would bring the skill sets needed for the Commission. He said he intended to vote for Commissioner Poat.

### **Roll Call Vote**

Six votes for Wesley Chesbro

Wesley Chesbro

Linford Gayle

Tom Greene

Patrick Henning

Mark Ridley-Thomas

Eduardo Vega

Eight votes for Andrew Poat

Beth Gould  
Mary Hayashi  
William Kolender  
David Pating  
Andrew Poat  
Darlene Prettyman  
Larry Trujillo

**MOTION:** Moved that vote be recorded as unanimous. Seconded by Commissioner Poaster. Motion Passes unanimously. Commissioner Poat is now the Vice Chair.

#### **VI. MHSOAC Communication Draft Workplan**

Commissioner Vega requested that they delay the report so that he can have more time with its development.

#### **VII. Cultural and Linguistic Competence Technical Resource Group Report**

Kelvin Lee said the OAC will be receiving a copy of the work plan on the Commissions February agenda. He said the committee had received a very informative presentation from the Native American Mental Health Partners Group. They provided information about needs for the Native population that were not being addressed on a systematic basis. They are frustrated with the process itself. He said it was a very informative and enlightening process. The result is they will be making there information into comments about their perceptions of the process for the Native population. They also provided a document that outlined some techniques that might be used in reaching groups that might not be normally represented. He said that their TRG works for the Cultural and Linguistic Competency portion of the Act itself and they will meet the Wednesday before the Commission meeting. As part of the outreach they are going to try to identify populations of individuals and groups that have not normally been a part of the process and invite them to host that meeting.

#### **VIII. Workforce Education and Training report**

Commissioner Henning said that he and Deborah Lee, along with Commissioner Feldman, have been working on the Workforce Education and Training report (WET). He thanked Deborah Lee for her tireless effort on the Commission.

- Commissioner Henning said that Workforce Education and Training is an issue that the Commission has struggled with because it is not one of the areas that they have direct control over disbursements that go out from the state. The OAC, underneath the Act, have an oversight and review responsibility that he does not believe they should take lightly and said Dr. Feldman, Dr. Lee and himself have put together a group that has been working on the report for about three years.
- Commissioner Henning said that in the area of incarceration, there are a lot of cross goals, and transformation whether it is in stigma or something other, is one of the most empowering things one can do for anybody, particularly for people that are struggling. They need to know they have a place in the workforce and in society.
- Commissioner Henning said in spring of 2006, with the help of a diverse group that included clients, a paper was put together that encapsulated all of the ideas and principles

that they had moving forward. The paper was presented to the full OAC with a unanimous vote in its favor.

- He said it has been a struggle and an ongoing process with the DMH, the counties, State Planning Council and with the other WET that exist in the state. He said different counties are upset with the amount of diversity of different education funds whether it was federal, state or county generated. He said there have been a lot of good ideas. There are struggles that urban areas have versus rural areas are very different, as well as, struggles in the Indian population. He hopes to push DMH to be more progressive in the steps they take to use the 50% of training money going forward. He believes the counties are struggling with notion of how OAC fits in.

Dr. Deborah Lee reported the following:

- At the last meeting the OAC approved a review process. She said DMH has approved their process on how they are going to approve these plans and the OAC will provide comments. OAC has a review team that meets and develops comments and those comments will be posted on the OAC consent agenda. She suggested that at the same time the comments are posted on the consent agenda that they also are given to the DMH review team as provisional comments, so they can use them in the review. The disadvantage is the OAC would not have approved them at that time. DMH has agreed that if OAC makes changes they will meet again to review those changes.
- DMH has developed a review tool that they are going to use for their review. There would be an OAC representative on their review team. The DMH team will review the plan as well as the provisional comments. Dr. Lee said they are in the process of developing their review tool and it will be presented to the Commission at the next meeting. The review team consists of a staff person who specializes in education and training, a staff person who will be a specialist for that county who will review all the components for that county, herself, and 2 members of the DMH expert pool, one of whom is a mental health client and one of whom is a family member who has interest and expertise in education and training.
- Dr. Lee said the intent is a collaborative approach. Comments are not given directly to the counties so as to avoid confusion. The OAC feedback is provided directly to the DMH review team who will then, in their role as decision makers, take into account what they want to do with those comments.
- In regards to the 5 year plan, the final edits are in and it is scheduled to go to the California Mental Health Planning Council for approval in April.

Carol Hood, with DMH, said they are moving toward some of the state administered programs and Stephanie Welch will talk about the collaborative work that is being done. There were 11 different programs that were proposed at the state level. They are moving forward on some of them; the client and family member technical assistance center, the regional programs and e-learning. They hope to start these in 07/08. In 08/09 they are looking at expanding the stipends to groups beyond social work and implementing a loan assumption program, psychiatric residency and physician assistant program. They are looking in to what is the best mechanism for the governance and implementation of these programs.

Deborah Lee said that local assistance funds through MHSA are outside of the state budget process. Money can flow to the counties without going through the state budget process.

Commissioner Chesbro expressed concern regarding legislature authority conflicts and suggested that this issue be brought up with budget committees for discussion to avoid acting unilaterally.

Carol Hood noted that they have not been in conversation with the budget committee to her knowledge. She said a section 28.5 letter would have to be sent for any of those programs that they want to do in 07/08.

- Stephanie Welch, with CMHDA, said that WET is working very closely with DMH. Statewide programs do not necessarily mean that they need to be a state administered program. More thought has been given that the JPA's would be more effective as regional bodies based on the needs of communities. JPA would be inclusive of various stakeholders including the DMH and OAC representatives, but a meeting has not been pulled together. She is more concerned about a short term solution and looking at how a single county could administer some of the WET pieces that might be available and urgent immediately.
- CMHDA has interpreted the Act as not necessarily involving the legislature in some decisions; certainly in oversight and accountability. There are some concerns that if something was administered by a single county what would be the mechanisms to keep that county accountable. She wants to work with the various stakeholders to ensure that this takes place; on the other hand, the county is acting as a fiscal intermediary to make sure the money gets out the door.

Commissioner Chesbro expressed concern about overlooking the legislature. He said he would like the money to move out quickly, but not at the risk of overlooking the legislature.

Commissioner Henning asked if there was any unhappiness among the budget subcommittees or members about Proposition 63. He said he was not concerned that consulting with budget subcommittees would result in delays or further obstacles.

Commissioner Henning said the legislature had a continuing budget oversight role.

Chair Gayle suggested putting the issue on the February agenda.

Commissioner Chesbro suggested breaking it down into (1) how the JPA would work; and (2) how Proposition 63, the legislature and this entity will work together.

### **Public Comment**

**Carmen Diaz** said she questioned whether a parent of a child was included as a consumer and family member on the review team. She said that parents and family members are two distinct people with the proof being what happened in the housing initiative where parents of children were not included. She asked about the plans in Workforce Development who request funding for the education of psychologists, psychiatrists and the parent partners among California that would want to go back to school and get a higher education.

**MOTION:** Commissioner Greene moved the OAC authorizes its review team for education and training to give provisional comments on county plans to DMH review team at the same time it posts comments to OAC consent agenda. DMH review team has agreed to re-convene if needed



to consider any changes OAC makes to comments; seconded by Commissioner Hayashi. Voice vote, with the opinion of the Chair that the motion carries.

## **IX. Suicide Prevention – DMH Update**

Emily Nahat with DMH said the DMH and Health and Human Services Agency created a statewide strategic plan on suicide prevention. She reported the following:

- The plan was formed by constituency groups and state and local agencies resulting in the Suicide Prevention Advisory Committee (SPAC). The plan is due to the Governor by May 1, 2008 and they are on schedule. They have a large and diverse group on SPAC.
- Draft recommendations were presented to the OAC in September but since then enhancements have been made to the current draft. She said they enhanced parts 1 and 2 with a lot of the research information full of citations to support the recommendations that follow in the report. The recommended actions are clearer as to whose role it is (whether it would be state or local role). They added a section called “next steps” that are some of the SPAC priority activities for the first implementation stages.
- There are 4 major strategic directions which the recommendations are organized around:
  - Strategic Direction 1 - To create a system of suicide prevention that calls for improving services and programs and coordinating those services and programs both at state and local level.
  - Strategic Direction 2 - To implement training and workforce enhancements to prevent suicide.
  - Strategic Direction 3 - To educate communities to take action to prevent suicide.
  - Strategic Direction 4 - To improve suicide prevention program effectiveness and system accountability.
- There are 28 recommended actions under the four strategic directions. SPAC felt there needed to be a strong foundation for suicide prevention in California before they would be able to implement a number of the recommendations.
  - Strategic Direction 1 – they want to create a statewide office of suicide prevention. SPAC feels this statewide office would have a very important leadership and coordinating role to support the local efforts. They also wanted to support county suicide prevention advisory councils to design and oversee local suicide prevention action plan. They agreed the counties should survey the communities to ensure that local action plans meet the training and program needs of the communities. They felt it would be important to have state level consortia of certain stakeholders who work on issues specific to certain populations, for example, they identified issues around supporting older adults as being a priority. They also identified the need to promote suicide prevention campaigns, education and training in school settings including K-12, community college and universities. Again, they called into play the state administered projects student mental health initiative as a possible starting place for that kind of work. They felt that other important organizations need to be at the table, such as, the criminal and juvenile justice systems, Veterans Affairs, National Guard, including Federal agencies that support those efforts, health and mental health care systems in conjunction with health care reform and other relevant MHSA components. State activities could be supported and mirrored at the county level as counties build a local advisory council and implement a local prevention plan. The committee felt strongly that it would be helpful to have statewide consortia of the 24 hour crisis lines so that there would be high quality, standardized services throughout the state to assure full multilingual crisis services. The database should be enhanced to collect more information to improve the capacity

and quality of the crisis intervention services. There is a need to research and invest in additional venues for crisis support such as web based self help services targeted to youth as a means of expanding access to information on local suicide prevention early intervention services. A state website providing links to abundant sources of reliable data available to support all of the local efforts is needed.

- Strategic Direction 2 – this was an area of very high priority for SPAC and the MHSA WET component could come into play to implement some of these recommendations. An assessment of current criterion standards would need to be done to understand better how professionals and staff focus on suicide prevention, early intervention treatment and suicide attempt follow up care for California's diverse population. It is important to have a review of various occupations and professions including peer support networks to identify the first cohort of training programs to be assessed and enhanced. Look at licensing and credentialing programs to institutionalize some of the training on suicide prevention in various professions. The professions that were highlighted in addition to peer support networks were primary care, emergency response, licensed mental health and substance abuse professionals and staff, social workers and staff of child protective services and foster care, adult and juvenile systems, corrections and jail, probation and parole and K12, colleges, universities administrators and staff.
- Strategic Direction 3 – This would be focused around social marketing and public awareness about suicide prevention. A campaign could be implemented in conjunction with the state administered project on stigma and discrimination reduction. The campaign would include messages specifically designed and pilot tested to positively influence attitudes among different populations.
- Strategic Direction 4 – this focused on improving suicide prevention program effectiveness and system accountability. In this area the committee felt that they should work local entities, state and national organization collaboratively to develop a California specific research agenda. SPAC felt there needs to be more data driven policies and evidence based programs in key areas which would be defined in this process such as those appropriate for specific ethnic, cultural or age groups, gender specific strategies, strategies that address child trauma or that had effective school based applications. Work to improve the collection reporting of data and the system for surveillance so there is a better understanding of suicide trends and rates and impact of risk factors.
- Ms. Nahat said the OAC had approved a state administered project for suicide prevention at the level of \$14 million annually for 4 years and the OAC directed \$4 million of that per year to the Student Mental Health Initiative. The funding for priorities are still to be determined for the remaining \$10 million per year. It would be helpful to start a discussion of what OAC would like to consider for state administered projects and MHSA funding. Then additional staff work could be done to get more detailed information about costing and implementation details and she would bring the information back to the commission for further discussion.
- Ms. Nahat said there are a high number of older white males committing suicide in California and there are a lot of incidents of suicide attempts in other populations.

Sandra Black said they are hesitant about listing the 3 populations of "successful" suicides because it is a problem throughout the state. She did say that older adults are at very high risk, particularly male, as far as completed suicides. There is also an alarming risk of suicide among veterans in different age groups and among Native Americans, particularly young Native Americans. She said that part of the recommendations included creating a research agenda that

will help them disaggregate some of the information and figure out what groups need to be targeted.

Ms. Nahat said training is something they are looking at and analyzing to see if it is the same across the state. She said 90% of those that have completed suicide had a diagnosable mental illness or substance abuse disorder.

Commissioner Vega said he is happy these issues are being addressed because people who do attempt suicide are much more likely to complete suicide within 6 months to a year more than anyone else across the entire spectrum of identified subgroups. MHSA needs to be forward thinking and invest in new technologies, such as internet chats and upcoming ways of communicating with people. He said that a lot of people are not going to call a suicide hotline, and youth, who are also among the highest risk population for completing suicide, do not use the phone as much.

Ms. Nahat said it would be helpful if the OAC could discuss budget dollars at this meeting. She said the plan is adopted by the Governor, but the OAC has authority of the actual PEI state administered suicide prevention project and there is \$10 million still available for direction. She asked if the Commission was in agreement with the 4 strategic directions.

Commissioner Prettyman asked if there are areas that they need to be sending that money to, such as the Asian population.

Commissioner Hayashi said that supporting a 24 hour hotline was a priority.

Ms. Nahat said they will go back and try to target groups.

Commissioner Trujillo suggested determining how the OAC allocated money for training, preparedness and counseling.

Ms. Hood clarified that the OAC PEI funds have to be approved both by the counties and the OAC in order for it to go forward and there needs to be concurrence from DMH. This would set the guidelines moving forward.

Commissioner Greene suggested addressing the highest risks first and do some targeting.

Ms. Nahat said there are some trends they can follow up on and come back with more information but they found it is not as straight forward as they would like to think it is based on data, regional information, etc.

The Student Mental Health Initiative is a \$60 million project total over 4 years and it draws \$4 million a year from this suicide prevention; draws some funding from stigma and discrimination reduction; and from training and technical assistance. Those are the three areas focused for K12 and higher education.

Ms. Hood said that in PEI local assistance funding about 20% is set aside for PEI. It is intended for the state to contract with counties for that and in some circumstances the counties may agree that it would be more efficient for the state to do this. But the counties have to agree. The counties can assign funds to get to a larger effort. The OAC has to approve it. It is very much a collaborative decision and there is no one that has sole authority for any decisions on funding in the MHSA.

Ms. Welch said that it might be appropriate to have a presentation explaining some of the thinking around this issue. CMHDA is encouraging and recommending assigning back these funds for SMHI, suicide prevention. She said suicide prevention is one of the areas within the state PEI guidelines that is most fleshed out with good recommendations.

Ms. Nahat said the PEI guidelines stipulate that counties are to identify key community needs and priority populations from the PEI priority populations and build their PEI projects around those. There is not an absolute requirement that they work on suicide prevention or stigma reduction. If the county identifies a priority population and they feel they should have some activities that support suicide preventions and stigma and discrimination reduction, they could build that into their PEI project.

## **X. Innovation Guidelines – DMH update**

Carol Hood introduced Jane Laciste as the lead on innovation guidelines.

- Ms. Laciste said that at the OAC's last meeting, the Commission approved the foundation, as well as some recommendations on the innovation guidelines. This has been used as the foundation and moving forward the following was depicted:
  - Looking at Resource Paper as foundation and expanding it into more details for some guidelines;
  - Guidelines development is a collaborative process, thinking about the guidelines, identifying issues and having discussion;
  - The guidelines would operationalize what the requirements and priorities are for this component;
  - DMH would have responsibility to develop and issue guidelines; OAC has responsibility to approve expenditures;
  - They will have additional stakeholder input to inform the development of guidelines targeting March 2008 and also schedule additional point of stakeholder input for draft guidelines after that;
  - DMH would provide updates at OAC meeting to ensure stakeholders are regularly informed of activities and opportunities for input

### **Issues under Discussion:**

- PEI and CSS Innovative Programs;
- Accounting – the Act indicates that 5% of the PEI funding and 5% of the CSS is to be designated for Innovative programs and they are looking and working with CMHDA as to what is the best way to handle that in terms of accounting for it over time;
- Blending – looking at blend dollars so the counties could possibly propose projects that are innovative that would fall under PEI or CSS;
- To come up with some focus areas that counties would then propose innovative programs, however, that would done only subsequent to a very extensive stakeholder process both to identify areas of focus as well as any parameters around that;
- Preparing for a March stakeholder meeting;
- Planning for training and technical assistance that the counties may need to implement;
- How this would coordinate rolling out with MHSA integrated plans.

- They don't have a plan for technical assistance yet, but know that they will need one and it's kind of a catch 22 as it's hard to plan and have effective training when the subject matters and parameters are unknown.

### **Public Comment**

**Delphine Brody of the CNMHC** said she has served on the Suicide Prevention Advisory Committee and said she is very happy about the newest draft of the strategic plan. She believes that input from clients has been heard and incorporated in many parts of the plan. She said they are especially happy to see core principles #3 and #5 which emphasize the meaningful involvement of survivors and family members, friends and caregivers of those who have completed or attempted suicide. She would like to see it made explicit that survivors in this principle include survivors of suicide attempts. She said they want to see the spectrum of partners involved in comprehensive system of suicide prevention broadened and core principle #5 was a great start. They want to see an emphasis on community based organizational involvement that has been an integral part to the work that is being done.

**Richard Conklin**, Chief of Mental Health for the San Diego County Sheriff's Department, complimented Ms. Nahat and the team on the paper saying it was very thorough. He said that when they talk about law enforcement, and there are comments made frequently to the OAC about law enforcement, it is oriented towards what happens in the field, community incidents, crisis intervention teams, psychiatric emergency and response teams. Typically, they will stop an event and then that person is left on their own. In the jails, the courts control their front door and their back door, they put people in jail and they send them out. They can control the environment because mental health services are provided with realignment funds but they are quite limited. So, they have a problem of a two tiered system that exists in the detention jails throughout the state of California. They book and release 100,000 people a year just in San Diego County. The literature reflects between 20-50% of those people have a diagnosable mental illness. He urged the consideration of those situations as they direct the suicide prevention planning and look towards implementing an integrated system that supports and safeguards those transitions.

**Stephanie Welch** with CMHDA commended the committee for creating a few helpful changes to the strategic plan; one was having a localized action recommendation and getting back to the issue that local communities need to have a component of suicide prevention in their PEI plans and looking at having some ideas as to what kinds of strategies should be chosen at a local level. Similar to the client network it would be helpful to prioritize. She would be interested in hearing from the staff and Commissioners as to what they feel needs to be prioritized.

**Kelvin Lee** said that he was a part of the Innovations Committee that prepared the resource paper. He said he is concerned, that perhaps moving forward, the data may not clearly represent what the committee talked about in their presentation. He wanted to ensure that the prioritizing conversations are more robust in terms of how the committee and the OAC feels about how these guidelines should be presented and moved forward. He said when he was a member of the OAC he asked for a calendar or a schedule of how the process would play out so that all parties invested in the process.

Commissioner Vega suggested that they direct some OAC staff to help provide the Commission with guidance on the issue of statewide projects versus county implementation in PEI and Innovations. He said this is an issue that he needs more education on.

MHSOAC Meeting Minutes

January 24, 2008

Page 14

Commissioner Trujillo said that it is important that on every issue someone from the staff is assigned to provide data and focus to the OAC and come back to the Commission with that research.

Meeting Adjourned 3:00 p.m.